ENTRY BLANK
PLEASE TYPE OR PRINT Entered previous May Sh
☐ Ms. Mr. Artist GERALD KRAMER (Last Name Last)
Permanent 2565 OVERLOOK RD. CLEVE Address Street
44106 Tel. 216) 932-6071
Zip Area Code
Temporary or Studio Address
Street
Tel. ()
Zip Area Code
If you do not presently live in one of the counties of the Western Reserve, which county were you born in?
Collaborator
(If Any)
If May Show entries are not accepted or not sold:
Artist will pick up at Museum. Museum should dispose of.
☐ Museum should ship to artist C.O.D. at this address:
Special Instructions When necessary include below instructions or a drawing of how the object is to be assembled and displayed.
This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until June 4, 1978.

The submission of objects will be construed as acceptance of all conditions plinted in the entry information

Signature ____

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1978 MAY SHOW
The Cleveland Museum of Art
Cleveland, Ohio 44106

Dates for Pick-up of Objects
Rejected Objects: April 24 through
Accepted Objects: June 12 through

GERALO KRAMER

Name

2565 OVERLOOK RD.

Address

CLEVELAND HTS. OHIO 44106

City & State

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DO NOT DETACH



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4. Sculpture

4. Sculpture 5. Electric 6. Crafts	1. Paintings 4. Sculpture		☐ 3. Photography☐ 6. Crafts
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Title

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	92(1)		X	
2	☐ 1. Paintings		☐ 3. Photography ☐ 6. Crafts	

Title

DO NOT WRITE IN THIS SECTION	ACCEPTED	REJECTED

This is your only receipt to claim your object(s).

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.